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A Collaborative Educational Innovation in an Old Order Mennonite Community

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Forming collaborative, interprofessional partnerships to facilitate the education of future healthcare providers to serve diverse cultures is an overarching goal of Area Health Education Centers (AHECs) and supported by the Institute of Medicine (IOM, 2005). This article describes the process of creating and sustaining a collaborative, interprofessional health promotion and educational project with an old order Mennonite (OOM) community in south central Kentucky. This ongoing project began over a decade ago and involves the collaborative efforts of the South Central Kentucky AHEC, the School of Nursing at Western Kentucky University (WKU), a family practice residency program affiliated with the University of Louisville but located at T.J. Samson Community Hospital in Glasgow, KY, and family members residing in an OOM community.

Description of the Mennonite Community

The conservative Mennonite and Amish communities are among the most rapidly growing populations in rural Kentucky and currently number more than 9,000 (Young Center for Anabaptist & Pietist Studies, 2012)

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with approximately 800 to 1,000 individuals residing in the targeted OOM community (Old Order Directory, 2009). Collectively referred to as Anabaptists, the OOMs and Amish share a common religious heritage. "Old order" refers to Mennonite and Amish populations that follow a conservative lifestyle avoiding many modern technologies (Kraybill & Hurd, 2006). Their reliance on the horse and buggy for local transportation is central to their desire for separation from the world. Some OOMs do selectively modernize, using limited technology in their work site such as cell phones (Wenger, 2003); however, they still avoid telephones or electricity in their homes. The impetus for most adults in this community to seek health care is when an illness interferes with their ability to work. Most OOMs do not participate in health insurance programs or accept any government-

sponsored programs. Their embracement of preventive health services is limited and they prefer self-treatment to current modern medical treatment.

Gaining Access (1997-2001)

Accessing and establishing this OOM community as a learning site for future healthcare providers required a cultural desire, a long-term commitment, and diverse strategies. The first step in accessing this community was unplanned. Three nursing students expressed a desire to learn more about Anabaptist groups as part of a project for a community health course. To facilitate this learning experience, the faculty member contacted a friend, known to the OOM community. Insiders contribute to the success of community projects, as they are familiar with the values, norms, and practices of a community and assist "outsiders" to be accepted as creditable sources of health information (Myers, 1998; Bushy, 2000; Lee, 2006). For two years, the insider accompanied the faculty member each time she visited the community. As trust and respect grew between the faculty and



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Table 1. Positive Benefits for Community Members, Faculty, AHEC, and Students

Community Members	<p>Received health education about topics of their choice</p> <p>Referred to medical specialists (cardiac surgeon, etc.) as needed</p> <p>Received lipid and colorectal cancer screening when participating in research studies</p> <p>Increased health services (immunizations and dental care) made available to community members</p> <p>Participated in monthly health screening (blood pressure, lipid, and glucose) as desired</p>
Faculty	<p>Allowed faculty the opportunity to advance their scholarly work</p> <p>Facilitated the cultural learning opportunities for students</p> <p>Promoted interprofessional, collaborative community-based nursing</p> <p>Completed 4 diverse research studies in the community resulting in publications and presentations at scholarly local, state, national, and international conferences</p>
AHEC	<p>Supported the formation and use of a collaborative, interprofessional partnership to educate healthcare providers to serve culturally diverse rural populations</p> <p>Addressed the overall mission of AHEC</p>
Students	<p>Provided cultural diverse learning opportunities for over 600 future healthcare providers</p> <p>Identified barriers to health care in OOM communities and their role in providing culturally sensitive care</p> <p>Fostered scholarly work (cultural sensitive brochures, educational posters, and honor's thesis)</p> <p>Provided the opportunity to apply principles of health promotion, program planning, and teaching and learning within the context of a specific rural, diverse culture</p>

community members, the South Central Kentucky AHEC Director became a key partner and facilitated the inclusion of family practice residents and their preceptors. This expansion, along with the addition of other nursing faculty, led to the creation of a more structured healthcare project in the OOM community that continues today.

Description of Current Project (2001-2012)

For the past 10 years, Health Promotion Day or Clinic Day, as referred to by members of the OOM community, is held one day each month. The goal of the project is to provide future physicians and nurses a cross-cultural educational experience while providing basic health screening, education, and primary care for members of an OOM community. Community members select the focus of the monthly discussions. These educational programs are planned, implemented, and evaluated by nursing students, medical residents, and faculty. The one-hour educational session is followed by a primary care clinic staffed by the family medicine residents and their preceptor while nursing students offer health screening for blood pressure, cholesterol, and glucose.

Outcomes

Acceptance by the OOM was gradual as nursing faculty assisted students with several small-scale projects over a five-year period; however, one pivotal event was the approval by the Bishop and acceptance of a culturally appropriate publication on farm safety, entitled *Weeds in our Garden*, which was distributed to all three schools in the community. Table 1 summarizes the positive benefits the project has provided for the OOM community members, faculty, AHEC, and students.

Early outcomes included diverse scholarly creations by nursing students such as a poster on buggy safety shared at a fall gathering of local farmers and their families, a culturally sensitive brochure on cancer, and an honor's thesis on maple syrup urine disease. Approximately 450 WKU nursing students, 50 WKU public health students, 20 WKU social work/folk study students, and 80 University of Louisville residents have participated in Health Promotion Days. The educational topics, chosen by the community members, are wide ranging and have included cardiopulmonary resuscitation (CPR) training, mental health issues, diabetes, obesity, and immunizations, among others. A partnership was established with the local county health department, who provided tetanus and influenza immunizations during Health Promotion Days. In collaboration with the dental



Fig. 1. Old Order Mennonite Farming Method



Fig. 2. Old Order Mennonite Buggy

staff of the WKU Institute for Rural Health Development and Research, this project has also facilitated access to dental care for 50 members of the community.

While the addition of the family practice residents was always the primary role for AHEC, over time the AHEC role expanded. In addition to the interprofessional education with nursing students and family practice residents, public health internship students and Health Occupations Students of America (HOSA) have also been involved intermittently. AHEC has funded some of the research studies and purchases the supplies for the health screenings conducted by the nursing students. AHEC also coordinates the inclusion of the Mennonite culture in the annual University of Louisville Cultural Competence Workshop for medical, dental, and dental hygiene students as well as an annual lecture for the Glasgow Family Medicine Residency Program.

In 2009, after much community interest, AHEC was able to facilitate a visit and an educational offering from Dr. Holmes Morton on genetics in plain communities. Dr. Morton is the director of a non-profit medical and diagnostic service for children with inherited metabolic disorders. Sixty-nine OOM and other Anabaptist community members and 15 medical professionals attended the meeting. During the last 3 years, OOM community members have participated in the University of Louisville Cultural Competency Workshop Session held

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annually for medical, dental, and dental hygiene students with an attendance of at least 400 students each year. The most recent role for AHEC has been the addition of a postcard reminder sent to all members of the community each month with the date, time, and topic for the next clinic day.

WKU faculty members have also facilitated research in the community within the framework of a community-based participatory research model (Israel, Schulz, Parker, & Becker, 2001). The impetus for all of the studies has been an interest from community members. In a 2006 comparative study of lipid values, 41 community members received lipid screening (Main, Jones, & Abell, 2010). A colorectal cancer screening study utilizing fecal occult blood testing was completed with 37 adult participants in 2009 (Main, 2010). In 2010, a qualitative study of the experience of community members in the use of Burns & Wounds Ointment and Leaf Therapy was conducted through the mail in the U.S. and Canada (Main, Williams, & Jones, 2012) with 32 participants sharing their experiences. The most recent study focused on the perceptions of child body weight and feeding patterns with 14 families and 65 children participating in the study (Garrett-Wright, Main, & Jones, 2012).

Course evaluations demonstrate that students are able to identify barriers to health care in OOM communities and their role in providing culturally sensitive care. Student qualitative comments have also been collected and these

comments support the importance of this exposure to students. One student wrote, "I am trying to be more culturally aware... It has really made me take a hard look at myself and examine my own stereotypes and prejudices. I realize I have too many and that is something I am working on changing. It was something I really wasn't even aware of, but this experience has really opened my eyes."

Challenges and Benefit

Creating and sustaining this project has presented some challenges. The time commitment is difficult to predict. The OOM live in a slower-paced world filled with face-to-face socialization, which they highly value. Prior to each monthly clinic, a nursing faculty member writes or visits the community to confirm the monthly topic. Communication with the OOM community requires face-to-face conversation or by written letter. The benefits of this collaborative, inter-professional educational project for all the players outweigh the challenges of implementing the multiple-faceted project. Members of the Mennonite community benefit as their health needs, identified by their own people, are addressed. The nursing students and medical students and residents learned as they applied principles of health promotion, program planning, and teaching and learning within the context of a specific rural, diverse culture. Faculty members view the project as an excellent community-based learning experience and welcome the opportunity to conduct research and build a network between the unique community and the universities. The mission of AHEC was supported while a collaborative, inter-professional partnership was formed and used to educate future healthcare providers to serve culturally diverse rural populations.

Conclusion

This collaborative educational project has met the goal of providing future healthcare providers a cross-cultural educational experience while providing basic health screening, education, and primary care for members of the old order Mennonite community. This goal was accomplished, as all partners were willing to step out of their comfort zone and adhere to the principles of collaboration: to work together, learn from each other, respect and trust all partners, communicate, and value the unique nature of all partners (Chitty & Black, 2011).

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